

Remarks/Arguments

A. Claims in the Case

Claims 1-9, 11-25, 27-39, 41-51, 53-59 are pending. Claims 57-59 are new.

B. The Claims Are Not Obvious Over Huffman in View of Kuwamoto Under 35 U.S.C. § 103(a)

The Examiner has rejected claims 1-4, 9, 16-20, 25, 30-34, 39, 46-49, and 56 as being obvious over U.S. Patent No. 5,870,711 to Huffman (hereinafter “Huffman”) in view of U.S. Patent Application No. 5,870,711 to Kuwamoto et al. (hereinafter “Kuwamoto”) under 35 U.S.C. § 103(a). Applicant respectfully disagrees with these rejections.

In order to reject a claim as obvious, the Examiner has the burden of establishing a *prima facie* case of obviousness. *In re Warner* et al., 379 F.2d 1011, 154 U.S.P.Q. 173, 177-178 (C.C.P.A. 1967). To establish a *prima facie* obviousness of a claimed invention, all the claim limitations must be taught or suggested by the prior art. *In re Royka*, 490 F.2d 981, 180 U.S.P.Q. 580 (C.C.P.A. 1974), MPEP § 2143.03.

Independent claims 1, 17, 31, and 47 recite in part: “wherein the insurance claim comprises a bodily injury claim, and wherein said processing the insurance claim comprises processing the bodily injury claim to estimate a bodily injury general damages value.”

The cited art does not appear to teach or suggest at least the above-quoted features of claims 1, 17, 31, and 47. In the Examiner’s Advisory Action dated November 28, 2003, the Examiner points to Abbruzzese for this feature. Applicant notes, however, that Abbruzzese does not appear to teach or suggest processing the bodily injury claim to estimate a bodily injury general damages value. For example, the Examiner points to Table IX of Abbruzzese at column 24, line 52 to column 25, line 12. As stated in the description of Table IX, the table “is used to add claimant information... (emphasis added) (Abbruzzese, col. 24, lines 27-29).” Abbruzzese

does not appear to disclose a system “to estimate a bodily injury general damages value” as recited in claims 1, 17, 31, and 47. The Examiner also refers to Tables XII and XVI of Abbruzzese. Tables XII and XVI of Abbruzzese also appear to describe adding, correcting, or displaying claimant information. Tables XII and XVI of Abbruzzese do not appear to describe estimating a bodily injury general damages value.

Abbruzzese states: “The Activity Log Add screen shown in Table XXXIII is used to add a comment to an Activity Log. Any time an entry is made to the Activity Log, the claim number, insured name, claimant name, loss date, claim description and estimated incurred loss fields are pre-filled. All these fields are protected and cannot be modified by the operator (Abbruzzese, col. 43, lines 45-49).” Applicant submits that this passage of Abbruzzese does not appear to teach or suggest processing the bodily injury claim to estimate a bodily injury general damages value, as described in claims 1, 17, 31, and 47.

Finally, the Examiner points to Abbruzzese at column 138, lines 55-58. The “Type of Injury Table” described by Abbruzzese in column 138, lines 55-58 does not appear to teach or suggest estimating a bodily injury general damages value as recited in claims 1, 17, 31, and 47.

Applicant’s Specification states:

In one embodiment, on receiving a trauma-induced bodily injury, a customer may file an insurance claim with his/her insurance organization to cover medical and other accident-related expenses. An IC may utilize a computer-based insurance claim processing system to process insurance claims. In one embodiment, the processing may include estimating a value associated with the filed insurance claim. (Specification, page 9, lines 1-5)

While the Examiner has pointed to charts in Abbruzzese which provide an injury code, Abbruzzese does not appear to teach “processing the bodily injury claim to estimate a bodily injury general damages value” as recited in claims 1, 17, 31, and 47. Abbruzzese appears to be directed towards a work management system to keep track of the status of processing a claim. Abbruzzese does not appear to disclose estimating a bodily injuries general damages value using a computer program.

Applicant respectfully requests removal of the rejections of claims 1, 17, 31, and 47. If an independent claim is nonobvious under 35 U.S.C. 103, then any claim depending therefrom is nonobvious. *In re Fine*, 837 F.2d 1071, 5 USPQ2d 1596 (Fed. Cir. 1988). Applicant respectfully requests removal of the rejections of the claims dependent upon claims 1, 17, 31, and 47.

C. The Claims Are Not Obvious Over Huffman in View of Kuwamoto And Further In View of Ertel Under 35 U.S.C. § 103(a)

The Examiner has rejected claims 5, 11-13, 15, 21, 27-29, 35, 41-43, 45, 50, and 53-55 as obvious over Huffman in view of Kuwamoto and further in view of U.S. Patent No. 5,307,262 to Ertel (hereinafter “Ertel”) under 35 U.S.C. § 103(a). Applicant respectfully disagrees with these rejections.

Ertel states: “Messages: any message may be selectively addressed to nurses, review coordinators, coders, or physicians based upon the relevance of message content to the expertise of the recipient. The intended recipient is cited in the header. These selections can be pre-set in the system utility program 14 to identify and sort messages for printing on worksheets dedicated for use by various personnel (Ertel, col. 13, lines 38-45).”

Claim 5 recites in part: “customizing the message text of one or more entries in the database for a particular insurance organization during an installation of the insurance claims processing program on a computer system.” Claims 21 and 35 recite in part: “wherein the message text of one or more entries of the database is customized for use by a particular insurance organization”. Claim 50 recites in part: “customizing the message text of one or more entries in the message database for the insurance organization prior to installing the message database.” The cited art does not appear to teach or suggest customizing the message text of one or more entries in the database for a particular insurance organization, in combination with the other features of the claims.

D. Many Of The Dependent Claims Are Separately Patentable

It is believed that many of the dependent claims are independently patentable.

For instance, claim 2 recites “specifying the message text of each entry in the database during an installation of the insurance claims processing program” (emphasis added) and claim 3 recites “specifying the message text of each entry in the database during an installation of the database” (emphasis added). The cited art does not appear to teach or suggest specifying the message text during installation of the program or the database. The Examiner has pointed to several sections of Kuwamoto that do not appear to discuss installation of the program or database. For example, Kuwamoto, column 3, lines 29-54 discloses generating new window management blocks, but does not appear to mention installation of a program or database. Similarly, Kuwamoto at column 5, lines 30-47 discloses aspects of multiple programs, but does not appear to disclose specifying message text during the installation of a program or database. Applicant requests removal of the rejection of claim 2 and claim 3.

The cited art does not appear to teach, or suggest “customizing the message text of one or more entries in the database for a particular insurance organization during an installation of the insurance claims processing program” as recited in claim 5. The Examiner points to Ertel, column 13, lines 37-45 for this teaching. Ertel, however, appears to teach addressing a message to specific people (e.g., nurses and physicians). Ertel does not appear to disclose customizing “message text” for an insurance organization. Applicant requests removal of the rejection of claim 5.

Huffman, Kuwamoto, and Ertel do not appear to teach, or suggest “the requested message code comprises an injury code” as recited in claim 12 or “the requested message code comprises a treatment code” as recited in claim 13. The Examiner points to several places in Ertel that teach using codes in worksheets and reports, but not as message codes used for “displaying the matching message text corresponding to the requested message code” as recited in claims 12 and 13 (see claim 1, from which claims 12 and 13 depend). Applicant requests removal of the rejections of claim 12 and claim 13.

E. New Claims

Applicant submits that new claims 57-59 are allowable. For example, claim 57 recites "retrieving the matching entry which matches the requested message code without interrupting execution of the insurance claims processing program". Kuwamoto discloses "when the operator makes a help request the system program interrupts the execution of the current application program to activate a help program (Kuwamoto, col. 2, lines 32-34)."

F. Additional Comments

Applicant submits that all of the claims are in condition for allowance. Favorable reconsideration is respectfully requested.

A fee authorization for a two-month extension of time has been included. If any additional extension of time is required, Applicant hereby requests the appropriate extension of time. If any additional fees are required, please charge those fees to Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. Deposit Account Number 50-1505/5053-36200/EBM.

Respectfully submitted,



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